

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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23-34 94th ST. GROCERY, CORP., KISSENA BLVD.
CONVENIENCE STORE, INC., NEW YORK
ASSOCIATION OF CONVENIENCE STORES, NEW
YORK STATE ASSOCIATION OF SERVICE
STATIONS AND REPAIR SHOPS, INC.,
LORILLARD TOBACCO COMPANY, PHILIP
MORRIS USA INC., and R.J. REYNOLDS
TOBACCO CO., INC.,

**REPLY
DECLARATION**

10 CV 4392 (JSR)(FM)

Plaintiffs,

- against -

NEW YORK CITY BOARD OF HEALTH, NEW
YORK CITY DEPARTMENT OF HEALTH AND
MENTAL HYGIENE, NEW YORK CITY
DEPARTMENT OF CONSUMER AFFAIRS, DR.
THOMAS FARLEY, in his official capacity as
Commissioner of the New York City Department of
Health and Mental Hygiene, and JONATHAN MINTZ,
in his official capacity as Commissioner of the New
York City Department of Consumer Affairs,

Defendants.

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THOMAS A. FARLEY, M.D., M.P.H., hereby declares under penalty of perjury:

1. I am the Commissioner of the Department of Health and Mental Hygiene (the "Department") of the City of New York and the Chairman of the New York City Board of Health (the "Board"), the defendants in this matter. I am submitting this declaration in reply to the declarations of W. Kip Viscusi and Cecil R. Reynolds, Ph.D., and in further support of defendants' cross-motion for summary judgment.

Smoking rates could be lowered further, greatly improving public health

2. Since the Comprehensive Tobacco Control Program's inception in 2002, the Health Department has reduced the prevalence of adult and youth smoking at a rate faster

than the United States overall,¹ achieving a 21% decline in adult smoking (2002-2009) and 55% decline in youth smoking (2001-2009). Despite this progress, there are still nearly one million adult smokers and 18,000 youth smokers in New York City (NYC). NYC has more smoking adults than some states have residents. Adult and adolescent smoking rate declines have stalled in recent years. In 2008 and 2009, the adult smoking rate was steady at 15.8% and the teen smoking rate was similarly flat at 8.5% in 2007 and 8.4% in 2009.² Additional steps need to be taken to reduce the number of smokers in NYC and prevent the morbidity and premature mortality that would otherwise affect people who continue to smoke.

3. Evidence from California demonstrates that further reductions in prevalence are possible and can have a public health benefit. California is projected to achieve a much lower smoking prevalence in 2010 (9.3%) than the U.S., and has seen a decline in lung cancer as a result. California lung cancer rates are now 24.2% lower than the rest of the nation.³

4. Reducing New York City's smoking prevalence by even 1 percent would result in over 9,000 fewer smokers and save 3,000 lives, since approximately one-third of smokers die of tobacco-related diseases.^{4,5} In order to continue to encourage smokers to take the life-saving step of quitting, New York City must continue to adopt practices that educate smokers and potential smokers about the dangers of smoking.

¹ Ellis JA, Perl SB, Frieden TR, Huynh M, Ramaswamy C, Gupta LS, Kerker BD. Decline in Smoking Prevalence, New York City: 2002-2006. *MMWR Morb Mortal Wkly Rep.* 2007 Jun 22; 56 (24): 604-608.

² <https://a816-healthpsi.nyc.gov/epiquery/EpiQuery/>

³ Pierce, J. P., K. S. Messer, et al. (In Press). "Forty Years of Faster Decline in Cigarette Smoking in California Explains Current Lower Lung Cancer Rates." *Cancer Epidemiol Biomarkers Prev.*

⁴ Frieden TR, Mosashari F, Kerker BD et al. Adult tobacco use levels after intensive tobacco control measures: New York City, 2002-2003. *Am J Public Health.* June 2005;95(6):1016-1023.

⁵ CDC, "Annual smoking-attributable mortality, years of potential life lost, and economic costs—United States, 1995–1999". *MMWR Morb Mortal Wkly Rep.* 2002;51:300–303.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5114a2.htm>

5. Plaintiffs argue that, because current underage smoking rates are at a historic low, more steps should not be taken to further reduce smoking. Yet, nearly 90 percent of smokers begin smoking at or before age 18.⁶ More than a third of all children who try smoking will progress and become regular, daily smokers before leaving high school.⁷ Each day, about 4,000 children in the United States try their first cigarette and an additional 1,000 youth under the age of 18 become new regular, daily smokers.⁸ This equates to 350,000 new underage daily smokers each year, more than 100,000 of whom can be expected to die prematurely because of smoking.⁹

Tobacco is addictive and is often purchased on impulse in stores.

6. In many ways, nicotine is more addictive than marijuana, alcohol, or cocaine. Smokers have a greater difficulty cutting down and more frequently report feeling ill and suffering from symptoms of withdrawal when they stop or cut back their smoking.¹⁰ Symptoms of serious nicotine addiction often occur only weeks, or even just days, after youth “experimentation” first begins, and can occur even in youth who do not smoke daily.¹¹ Smoking can seriously harm children while they are still young. Aside from immediate effects like eyes and throat irritation, and increased heartbeat and blood

⁶ SAMHSA, Calculated from the 2006 National Survey on Drug Use and Health, <http://www.oas.samhsa.gov/nsduh.htm>.

⁷ CDC, “Selected Cigarette Smoking Initiation and Quitting Behaviors Among High School Students—United States, 1997,” *MMWR* 47(19):386-389, May 22, 1998, <http://www.cdc.gov/mmwr/preview/mmwrhtml/00052816.htm>.

⁸ Substance Abuse and Mental Health Services Administration (SAMHSA), HHS, *Results from the 2009 National Survey on Drug Use and Health, NSDUH: Volume I Summary of National Findings*, <http://www.oas.samhsa.gov/NSDUH/2k9NSDUH/2k9ResultsP.pdf>.

⁹ CDC, “Projected Smoking-Related Deaths Among Youth—United States,” *MMWR*, 45(44), November 8, 1996, <http://www.cdc.gov/mmwr/PDF/wk/mm4544.pdf>.

¹⁰ U.S. Centers for Disease Control and Prevention (CDC), “Symptoms of Substance Dependence Associated with Use of Cigarettes, Alcohol, and Illicit Drugs—United States 1991-1992,” *Morbidity and Mortality Weekly Report (MMWR)* 44(44):830-831, 837-839, November 10, 1995, <http://www.cdc.gov/mmwr/preview/mmwrhtml/00039501.htm>.

¹¹ DiFranza, JR, et al., “Initial Symptoms of Nicotine Dependence in Adolescents,” *Tobacco Control* 9:313-19, September 2000.

pressure, near-term harms from youth smoking include respiratory problems, reduced immune function, increased illness, tooth decay, gum disease, and pre-cancerous gene mutations.^{12,13,14,15}

7. Surveys show that almost a quarter of tobacco purchases are unplanned or “impulse” purchases.^{16,17} Users that purchase tobacco less regularly may be purchasing tobacco on impulse. Therefore, point of purchase warnings may assist in getting those considering a purchase of cigarettes to consider the hazards of smoking prior to their purchase, rather than current warnings on cigarette packs which are only evident after they have made their purchase.

8. Although it is not legal for them to do so, many youth do in fact buy cigarettes at retail outlets. Data from the Youth Risk Behavioral Survey (YRBS) show that, in 2009, one in three public high school students in New York City (34%) reported that they usually bought their cigarettes in a store.¹⁸ Although not all adolescents buy cigarettes in stores, it is important to reach the one-third that do.

There is a need to warn smokers of dangers posed by smoking

¹² U.S. Department of Health and Human Services, 2004 U.S. Department of Health and Human Services, 2004. The health consequences of smoking: a report of the surgeon general. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, Atlanta.

¹³ U.S. Department of Health and Human Services, 2006 U.S. Department of Health and Human Services, The Health Consequences of Involuntary Exposure to Tobacco Smoke. A Report of the Surgeon General, US Government Printing Office, Washington, DC (2006).

¹⁴ Aligne, C. A., M. E. Moss, et al. (2003). "Association of pediatric dental caries with passive smoking." *JAMA* 289(10): 1258-64.

¹⁵ Kallio K et al. Arterial intima-media thickness, endothelial function, and apolipoproteins in adolescents frequently exposed to tobacco smoke. *Circ Cardiovasc Qual Outcomes*. 2010;3:196-203.

¹⁶ Carter OBJ et al. (2009) The effect of retail cigarette pack displays on unplanned purchases: results from immediate postpurchase interviews. *Tob Cntrl* 18: 218-22.

¹⁷ Wakefield, M., D. Germain, et al. (2008). "The effect of retail cigarette pack displays on impulse purchase." *Addiction* 103(2): 322-8.

¹⁸ <http://www.nyc.gov/health/epiquery/yrbs>

9. As per Dr. Kenneth Michael Cummings' testimony, there are significant gaps in smokers' understanding of the risks of smoking. For instance, most, *but not all*, smokers reported that smoking causes heart disease and lung cancer in smokers – health consequences that have been established for over 25 years; furthermore, more than a quarter of smokers did not believe that smoking caused stroke; and fewer than half of smokers believed that smoking causes impotence.¹⁹ Smokers' knowledge of the toxic constituents in tobacco smoke was also unacceptably low. Given the magnitude and severity of the health problems it causes, health warnings about tobacco should be prominent, educational, and comprehensible to all populations, including non-English speaking and low-literacy populations.

10. In his declaration, W. Kip Viscuci states that “warnings can only change behavior through the effect on risk beliefs by providing relevant information of which an individual was previously *unaware*.” The New York City point-of-sale warning signs do this in two ways -- by illustrating the effects of smoking in a meaningful way and by introducing new health effects that may have been previously unknown. The health effects displayed on the warnings can also be periodically changed to accomplish both goals.

11. Point-of-sale warnings increase knowledge about risk by informing the public of lesser-known health effects. In a recent survey of Canadian youth, participants commonly reported a link between smoking and lung cancer, with 57 percent mentioning it as a health risk of smoking, but other health risks such as gum disease/tooth loss/mouth

¹⁹ Hammond D, et al, Effectiveness of cigarette warning labels in informing smokers about the risks of smoking; findings from the International Tobacco Control (ITC) Four Country Survey, Tobacco Control 2006 15: iii19-iii25

disease were not commonly mentioned (6%).²⁰ Moreover, in a study by Weinstein, very few respondents mentioned stroke as a risk of smoking²¹ even though more Americans suffer from smoking-related stroke than smoking-related lung cancer.²² Therefore, the New York City point-of-sale warning signs provide new information to consumers about risks to those considering purchasing cigarettes.

12. Although the general public is aware of some diseases caused by smoking and acknowledges that smoking may pose a health risk, the primary goal of these signs is to educate smokers or those at-risk of starting smoking. Existing evidence consistently indicates that smokers perceive the health risks of smoking differently than non-smokers, with multiple studies showing that smokers rate smoking as less risky than non-smokers or former smokers.^{23,24,25,26,27,28}

13. Studies have also consistently found that smokers substantially underestimate their own personal risks from smoking when compared to the risks faced by other smokers.^{29,30,31} Indeed, many smokers may not perceive that they are at risk of smoking-

²⁰ Envionics Research Group for Health Canada (2005). "The Health Effects of Tobacco and Health Warning Messages on Cigarette Packages: Survey of Youth". <http://www.smoke-free.ca/warnings/WarningsResearch/POR-04-19%20Final%20Report%20-%205552%20Youth%20wave%209-final.pdf>.

²¹ Weinstein, N., P. Slovic, et al. (2004). "Public understanding of the illnesses caused by cigarette smoking." *Nicotine Tob Res* 6(2): 349-55.

²² U.S. Centers for Disease Control and Prevention (CDC), "Cigarette Smoking-Attributable Morbidity --- United States, 2000," *Morbidity and Mortality Weekly Report (MMWR)* 52(35):842-844, September 5, 2003, <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5235a4.htm>

²³ Weinstein ND. Accuracy of smokers' risk perceptions. *Nicotine Tob Res* 1999;1:S123-S130.

²⁴ Benthin A, Slovic P, Severson H. A psychometric study of adolescent risk perception. *Journal of Adolescence*;16:153-168.

²⁵ Boney-McCoy S et al. Perceptions of smoking risk as a function of smoking status. *Journal of Behavioral Medicine*;15:469-488.

²⁶ Chapman S, Wong WL, Smith W. Self-exempting beliefs about smoking and health: Differences between smokers and ex-smokers. *Am J Pub Health*;83:215-219.

²⁷ Lee C. Perceptions of immunity to disease in adult smokers. *Journal of Behavioral Medicine*;12:267-277.

²⁸ Slovic P. What does it mean to know a cumulative risk? Adolescents' perceptions of short-term and long-term consequences of smoking. *J Behav Dec Making* 2000;13:259-266.

²⁹ Weinstein ND. Accuracy of smokers' risk perceptions. *Nicotine Tob Res* 1999;1:S123-S130

related diseases because they intend to quit before any smoking-related risks manifest.^{32,33} This lack of understanding of the true nature of the health outcomes caused by smoking indicates that smokers do not fully understand the risks associated with smoking because as Dr. Paul Slovic, President of Decision Research and a leading theorist and researcher in risk perception notes, "appreciating the risks of smoking means appreciating the nature of the consequences as well as the probabilities of those consequences."³⁴

14. Adolescents may overestimate the risk of lung cancer as a result of smoking, but underestimate the mortality that results from lung cancer.³⁵ Adolescents can also show a lack of awareness about the number of years of life lost as a result of cigarette smoking, with 49% of smokers and 44% of non-smokers either reporting that they did not know how many years of life are lost as a result of smoking, or giving an estimate that was lower than epidemiologic data suggests.³⁶ The content of these signs can also include information about the mortality from smoking.

15. Adolescent smokers also specifically acknowledge the health risks of long-term heavy smoking, but fail to adequately assess the short-term risks associated with

³⁰ Leventhal, H., K. Glynn, et al. (1987). "Is the smoking decision an 'informed choice'? Effect of smoking risk factors on smoking beliefs." *JAMA* 257(24): 3373-6.

³¹ Weinstein, N. D., S. E. Marcus, et al. (2005). "Smokers' unrealistic optimism about their risk." *Tob Control* 14(1): 55-9.

³² Murphy-Hoefer, R., S. Alder, et al. (2004). "Perceptions about cigarette smoking and risks among college students." *Nicotine Tob Res* 6 Suppl 3: S371-4.

³³ Arnett, J. J. (2000). "Optimistic bias in adolescent and adult smokers and nonsmokers." *Addict Behav* 25(4): 625-32.

³⁴ Slovic P. Do adolescent smokers know the risk? *Duke Law Journal* 1998;47:1133-1141.

³⁵ Romer D and Jamieson P. Do adolescents appreciate the risks of smoking? Evidence from a national survey. *J Adolesc Health* 2001;29:12-21

³⁶ Romer D and Jamieson P. Do adolescents appreciate the risks of smoking? Evidence from a national survey. *J Adolesc Health* 2001;29:12-21

smoking.³⁷ In particular, adolescent smokers tend to underestimate the immediate harm of the next cigarette smoked and believe there is really no risk at all to smokers during the first few years of smoking.³⁸ These signs have the ability to educate consumers about the short-term as well as long-term risks of smoking.

16. Sixty percent of adolescents believed that they could smoke for a few years and then quit (presumably before the health effects of smoking affected them).³⁹ However, this perception is false, particularly for youth. According to analyses of the Monitoring the Future data which track long term trends in smoking initiation and addiction, only 3% of high school seniors who smoke daily think that they will still be smoking at all in five years, whereas the reality is that 63% will still be regular daily smokers seven to nine years later.⁴⁰ These warning signs can educate people about the short term risks of nicotine addiction.

17. The lack of knowledge that exists among smokers when they first begin smoking is additionally reflected in survey data showing that 85% of adult smokers and about 80% of young smokers say they would not start smoking if they “had it to do all over again”.⁴¹ These data suggest that “most [smokers] begin to think of risk only after starting to smoke and gaining what to them is new information about health risks.”⁴² If

³⁷ Slovic P. What does it mean to know a cumulative risk? Adolescents' perceptions of short-term and long-term consequences of smoking. *J Behav Dec Making* 2000;13:259-266.

³⁸ Slovic P. What does it mean to know a cumulative risk? Adolescents' perceptions of short-term and long-term consequences of smoking. *J Behav Dec Making* 2000;13:259-266.

³⁹ Arnett, J. J. Optimistic bias in adolescent and adult smokers and nonsmokers. *Addict Behav* 2000;25(4): 625-32.

⁴⁰ Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2010). *Monitoring the Future national survey results on drug use, 1975-2009: Volume I, Secondary school students* (NIH Publication No. 10-7584). Bethesda, MD: National Institute on Drug Abuse.
http://monitoringthefuture.org/pubs/monographs/vol1_2009.pdf, Page 31.

⁴¹ Slovic P, Peters D, Finucane ML, and MacGregor DG. Affect, risk, and decision making. *Health Psychol* 2005; 24(4 Suppl):S35-S40.

⁴² Slovic P, Peters D, Finucane ML, and MacGregor DG. Affect, risk, and decision making. *Health Psychol* 2005; 24(4 Suppl):S35-S40.

that information were made available to potential smokers before they began to smoke, it might prevent them from starting to smoke in the first place. The purpose of graphic health warnings at the point of sale is to convey to smokers, and those who are considering smoking, what it means to experience lung cancer, stroke, and other health effects of smoking, such as tooth decay. In his declaration, Dr. Viscusi states that, "decisions about smoking are rational and consistent with decision making...in which costs and benefits are weighed against each other...People who perceive greater risks are less likely to smoke." Text-only warnings on cigarette packs are unable to convey the true reality of smoking to people who smoke or are considering smoking, and thus graphic warnings better enable people to weigh the risks and benefits of their decision.

Graphic health information at point-of-sale will reduce smoking

18. There is evidence that pictures more accurately convey the risks of smoking than do text-only warnings. Although the plaintiffs' expert Dr. Reynolds states, "the signs mandated by this resolution are not designed to educate, but instead to scare viewers into not smoking," the research that has been conducted thus far on graphic warnings does not support this belief. According to research conducted in Australia comparing similar warnings composed of either pictures or text, pictorial warnings were perceived to be more credible and impactful than text-only warnings, but not more fear inducing.⁴³

19. Warnings perceived to be most helpful by both smokers and nonsmokers were those that combined strong visual images and compelling facts.⁴⁴ Current and

⁴³ Hoek, J., N. Maubach, et al. (2005). "Effects of cigarette on-pack warning labels on smoker's perceptions and behaviour." *World* 284(4): 483-485.

⁴⁴ Young Adults' Perceptions of Cigarette Warning Labels in the United States and Canada Michelle O'Hegarty, PhD, Linda L. Pederson, PhD, Gayane Yenokyan, MD, MPH, David Nelson, MD, MPH,

former smokers thought that cigarette warning labels with text plus graphics were substantially more of a deterrent than text-only labels. The perceived effectiveness of these labels was not only higher overall, but also for the specific areas of smoking-related health effects, prevention, cessation, and maintenance of abstinence.⁴⁵ In one report from Australia on health warnings, graphic images were found to have more of an impact. Per the report, "the graphics themselves were considered confronting and more difficult to ignore...even the most hardened and cynical smokers (50-70 years) found the visuals difficult to ignore and admitted they affected them."⁴⁶

20. Knowledge of health risks is correlated to quit attempts. In one study, 80% of smokers reported plans to quit, and that those hoping to quit were more than four times as likely to view smoking as "very risky", and twice as likely to want to quit if they viewed smoking as being associated with a high total mortality risk.⁴⁷

21. The New York City point-of-sale tobacco health warning signs had strong impact on smokers' wanting to quit. Awareness and impact of the point of sale tobacco health warning signs were included in the Spring 2010 Media Tracking Survey Online (MTSO), a semiannual online survey of adult smokers in New York State. Respondents from New York City (about 150) were shown the signs and answered a series of questions about them, including awareness, receptivity and impact on smoking

Pascale Wortley, MD, MPH Preventing Chronic Disease: Public Health Research, Practice and Policy, VOLUME 4: NO. 2 APRIL 2007

⁴⁵ O'Hegerty M, et al, Reactions of Young Adult Smokers to Warning Labels on Cigarette Packages, *Am J Prev Med* 2006;30 (6) 467-473

⁴⁶ Elliott & Shanahan (E&S) Research. Developmental Research for New Australian Health Warnings on Tobacco Products Stage 2. Prepared for: The Australian Population Health Division Department of Health and Ageing. Commonwealth of Australia, August 2003.
http://pandora.nla.gov.au/pan/56471/20061019-0000/www.health.gov.au/warnings_stage1.pdf, p89.

⁴⁷ Romer, D. and P. Jamieson (2001). "Do adolescents appreciate the risks of smoking? Evidence from a national survey." *J Adolesc Health* 29(1): 12-21.

behaviors. Findings indicate that about four months following their distribution to retailers, confirmed awareness of the signs was high, at almost 50 percent. Signage content also tested well--over half of smokers agreed that the signs were informative and about 48 percent found the signs to be convincing. Finally, the signs appear to stimulate smokers' thoughts about quitting and not buying cigarettes: up to one-half of smokers indicated that the signs made them want to quit smoking and 35-40% reported that the signs made them think about not buying cigarettes.

22. Combining images of smoking related illness with clear cessation information has been a strategy successfully utilized by New York City's educational campaigns. While the health warning signs are not advertising, certain types of anti-tobacco ads -- those that provoke strong visceral responses or negative emotions in addition to conveying accurate health information -- have been shown to be more effective at motivating quit attempts among adults.^{48, 49} Since campaigns combining images of smoking-related illness with cessation information began airing in New York City in 2006, calls to 311 for quit smoking assistance, have increased more than four-fold from 11,000 calls in 2005 -- before the launch of the educational campaign -- to over 50,000 calls in 2009.

23. The majority of New York City smokers (66%) want to quit.⁵⁰ The likelihood of a smoker successfully quitting doubles with cessation counseling and

⁴⁸ Biener L, Ming JI, Gilpin, E, Albers A. The Impact of Emotional Tone, Message, and Broadcast Parameters in Youth Anti-smoking Advertisements. *J Health Communication* 9(3): 259-274.

⁴⁹ Beiner L, McCallum-Keller G, Nyman A. Adults' response to Massachusetts anti-tobacco television advertisements: impact of viewer and advertisement characteristics. *Tobacco Control* 9: 401-407.

⁵⁰ Unpublished data. New York City Department of Health and Mental Hygiene, Bureau of Epidemiology Services: New York City Community Health Survey 2008; April 2009.

appropriate medications.⁵¹ On the health warning signs, smokers are informed of their option to obtain help quitting smoking by calling 311. When smokers call 311 and ask for quit smoking assistance, they are transferred to the New York State Smokers' Quitline, and can obtain both counseling and medication. It is the intent of the health warning signs to provide accurate information about the health consequences of smoking and to provide information on how to obtain help quitting. It is well understood that better awareness of smoking cessation resources increases utilization.⁵²

24. In a review of graphic health warnings by the World Health Organization, pictorial warnings were found to help reduce health inequities, as text-only warnings were more likely to reduce smoking in high than low-income smokers, whereas pictorial warnings were more likely to reduce smoking in low than high-income smokers.⁵³

25. For youth, the signage may also be important in helping to communicate the risks in a more relevant way. Past studies of NYC youth have shown that teen smoking is heavily dependent on the social influences from friends.^{54,55} Studies from other countries' warning packs shows that graphic images are discussed amongst adolescents,⁵⁶ increasing peer communication about the dangers of smoking. Discussion among adolescents about the risks of smoking has the potential to decrease the acceptability of smoking among youth and increase the barriers to smoking initiation.

⁵¹ Fiore MC et al (2008). Treating Tobacco Use and Dependence: 2008 Update. *Clinical Practice Guideline*. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service.

⁵² Fiore, MC et al (2004). Integrating smoking cessation into primary care: an effectiveness study. *Prev Med* 38 (4): 412-420.

⁵³ World Health Organization (2009). "Showing the truth, saving lives: the case for pictorial health warnings." from http://www.emro.who.int/tfi/WNTD2009/PDF/Brochure_wntd09_en.pdf.

⁵⁴ Epstein, J. A., C. Williams, et al. (1999). "Psychosocial predictors of cigarette smoking among adolescents living in public housing developments." *Tob Control* 8(1): 45-52.

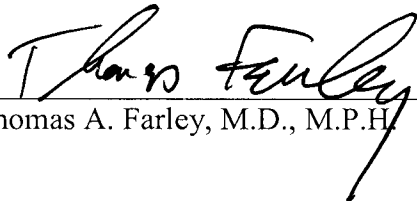
⁵⁵ Castrucci, B. C., K. K. Gerlach, et al. (2002). "The association among adolescents' tobacco use, their beliefs and attitudes, and friends' and parents' opinions of smoking." *Matern Child Health J* 6(3): 159-67.

⁵⁶ White, V., Webster, B. and Wakefield, M. (2008), Do graphic health warning labels have an impact on adolescents' smoking-related beliefs and behaviours?. *Addiction*, 103: 1562-1571.

26. In conclusion, smokers are not aware of the complete health risks of smoking. Conveying accurate information of health risks and cessation resources in a compelling way before smokers purchase cigarettes at the point of sale can help decrease tobacco use and can save lives.

I declare under penalty of perjury pursuant to 28 U.S.C. §1746 that the foregoing is true and correct.

Executed on October 8, 2010



Thomas A. Farley, M.D., M.P.H.